

The first notice:

We are not able to approve this debit card transaction without proper supporting documentation. Please submit documentation from the provider that contains a description of the services, the date of the services, the name of the patient, the provider's name and the amount of the services. Please FAX or mail the documentation along with a copy of this notice promptly in order to avoid having your debit card suspended.

The second notice:

We previously notified you that this FSA debit card transaction required additional documentation from the medical care provider. The documentation must include, a description of the services, the date the services were provided, the name of the patient, and the amount of the services. As of today, we have not received this documentation. If this documentation is not received by <M/DD/YYYY>, your debit card will be suspended. You may have older unresolved transactions that will cause your card to be suspended sooner.

The third notice:

We previously notified you that your FSA debit card would be suspended if we did not receive documentation from the medical care provider to support this transaction. Our records indicate we have not received this documentation. We have suspended your card. You must still resolve this transaction, or it will be shown as taxable income on your W-2. If you cannot obtain documentation for this expense, or submit another eligible claim for this amount or more, you will need to repay your employer by writing a check payable to ASIFlex for the expense. Please return this notice with supporting documentation, another claim or payment immediately.